EXHIBIT C

Case 06-10725-dwz Doc 9076	-3 En	tered 09/15/11 16:1	L3:27 Pag	ge 2 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address 11321242037824 PARKER CHARLES * Mary Parker 14470 EMERALD PATH APPLE VALLEY MN 55124	4	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU OF CLAIM THIS BORROWER HE	DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
APPLE VALLET IVIN 55124		Check box if this address	ONE OF THE DE If you have air	eady filed a proof of claim with the
Creditor Telephone Number (95) 423-5098		envelope sent to you by the court		or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of	debtor		<u> </u>	E IS FOR COURT USE ONLY
2234 n 2649	uobioi	Check here replace or if this claim amen	a previously	flied claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death Services performed Taxes		alaries and compensation (f	ill out below)	Other claims against service (not for loan balances)
Money loaned	Unpaid o	ompensation for services per	formed from	to
C DATE DEDT WAS INCUIDED A	(·	(date) (date)
2 DATE DEBT WAS INCURRED. At instant ended 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		ha hara ana diin d
See reverse side for important explanations	i best descri		unt of the claim at t	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM IXX Check this how if you	ur claim ie saciii	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim our claim is	Check this box if you a right of setoff)	di didili is secui	ed by collateral (moluting
entitled to priority		Brief description of	collateral -	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		X Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	Plus u	repaid intered
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	F-1	services for personal family or	household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	ᅥ	Taxes or penalties owed to gov Other Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L-1	* Amounts are subject to adjust	tment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	221 0	with respect to cases commend	ced on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	236 8	<u>4031</u> \$		_\$ 236 84631
Check this box if claim includes interest or other charges in addition to the	e principal a			
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS. Attach copies of supporting docu-	lited and de	educted for the purpose of ma	aking this proof o	of claim
running accounts contracts, court judgments, mortgages security a	iareements	. and evidence of perfection i	otlien DONO	DICES ITEMIZED STATEMENTS OF
DOCUMENTS If the documents are not available explain. If the do	ocuments a	are voluminous attach a sum	mary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailing	Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND O	R OVERNIGHT DELIVERY TO	FILED	JAN 0 9 2007
Attn USACM Claims Docketing Center	BMC Grou	p CM Claims Docketing Center		OMIN V & LUU/
P O Box 911	1330 East	Franklin Avenue		
DATE SIGN and print the name and title if any of the		other person authorized to file		
this claim (attach copy of power of attorning the Mary Parker Mary Parker	ey if any	Parles Parken		USA CMC
I will wines I law lartle	C F	arles Parker		1072501901

Case 06-10725-gwz Doc 90	7,6-3, E i	ntered_09/15/11_16	6:13:27 Pa	ge_3 of 11
Alvaniana ya na Gase (Ibantur 20-jira Ma	PR	OOF OF CLAIM	Page 1 o	f 13
Name of Debtor:	Case Nu	ımber:	7	
USA Commercial Mortgage Company	06-10	725-LBR		
	ŀ			
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative earising after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: 11321242037 PERRONE, NICHOLAS 5112 SAN ANSELMO ST LAS VEGAS NV 89120	ent of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	WHOSE LOAN IS DEBTORS YOU OF CLAIM. THIS BORROWER HE DO NOT FILE THE SECURED INTER ONE OF THE DE If you have alse	eady filed a proof of claim with the
		envelope sent to you by the court.	Bankruptcy Court	or BMC, you do not need to file again.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifie	aa dabtau	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	es debtor:	I if this slaim	aces or a previously ends	/ filed claim dated:
1. BASIS FOR CLAIM	Retiree	penefits as defined in 11 U.S	3.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages,	salaries, and compensation	(fill out below)	Other claims against service
☐ Services performed ☐ Taxes	Last fou	r digits of your SS #:		(not for loan balances)
Money loaned	Unpaid o	compensation for services p	erformed from:	to
2. DATE DEBT WAS INCURRED:	12 IE C	OURT JUDGMENT, DATE	ORTAINED	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes				the time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			vour claim is secu	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or exceeds the value of the property securing it, or if c) none or only part or	b) your claim of your claim is	a right of setoff).	,	
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	of collateral:	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority.		Value of Collatera	al: \$	
Amount entitled to priority \$		Amount of arrearage a		at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$ - 80,8	32.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(E	3)	Up to \$2,225* of deposits to	ward purchase, lease	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 do before filing of the bankruptcy petition or cessation of the debtor's	ays 🗀	services for personal, family, Taxes or penalties owed to g		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-	Other - Specify applicable pa		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adj	ustment on 4/1/07 a	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$	1 72/0	with respect to cases comme	enced on or after the	date of adjustment.
AT TIME CASE FILED: (unsecured)	· _ ~	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	•	•	**	, ,
 CREDITS: The amount of all payments on this claim has been of SUPPORTING DOCUMENTS: Attach copies of supporting derunning accounts, contracts, court judgments, mortgages, securi DOCUMENTS. If the documents are not available, explain. If the S. DATE-STAMPED COPY: To receive an acknowledgment of proof of claim. 	credited and o ocuments, si ity agreement se documents	deducted for the purpose of uch as promissory notes, pu is, and evidence of perfection are voluminous, attach a su	making this proof rchase orders, inv n of lien. DO NO ummary.	of claim. coices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5:00	pm, prevailir	ng Pacific time, on Noveml	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships governmental units).				
BY MAIL TO: BMC Group	BMC Gro		•	
Attn: USACM Claims Docketing Center P. O. Box 911		ACM Claims Docketing Cent t Franklin Avenue	er	
El Segundo, CA 90245-0911		do, CA 90245		
SIGN and print the name and title, if any, on this claim (attach, copy of power of at				
11/2/06 11/	2 4			

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number 06-10725 LBR	, recor or obtain
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement	
Name of Creditor (The person or other entity to whom the debtor owes money or property) R. L. ALLGEIER FAMILY TRUST DATES 10/4 1997 Name and address where notices should be sent ROBERT ALLGEIER 1767 SHAMIRCER CIRCLE	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received an notices from the bankruptcy court in the case. Check box if the address differs from the	y s
Telephone number 775/782-6634 Last four digits of account or other number by which creditor	address on the envelope sent to you by the court. Check here Preplaces	THIS SPACE IS FOR COURT USE ONLY
identifies debtor	if this claim amends a previously f	iled claim dated 12/12/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in Wages salaries and compet Last four digits of your SS # Unpaid compensation for se from	nsation (fill out below) f ervices performed
2 Date debt was incurred 6 15 2004 - 4/12/2006	3 If court judgment, date obtain	ed
See reverse side for important explanations Unsecured Nonpriority Claim \$	relating or none or Brief Description of Collate Real Estate Motor Value of Collateral \$	parges at time case filed included in our chase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) oth of 11 U S C § 507(a)()
Contributions to an employee benefit plan - 11 U S C & 507(a Total Amount of Claim at Time Case Filed		n or after the date of adjustment
Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured) dition to the principal amount of the claim Att	(priority) (Total) rach itemized statement of all
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing 8 Date-Stamped Copy To receive an acknowledgment of the file 	ents, such as promissory notes purchase acts court judgments mortgages, security ID ORIGINAL DOCUMENTS If the minous attach a summary	THIS SPACE IS FOR COURT USE ONLY LED JAN 12 2007
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the file this plaim (attach copy of power of attorname) Robert L. H. C.	mey if any)	USA CMC

UNITED STATES BANKRUPICY COURT	Die	IDICT (F Neva	do	
					PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR					
New of a second					
NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in					
					
Name of Creditor (The person or other entity to whom the				are that anyone claim relating to	
dcbtor owes money or property) Robert W Ulm Trustee of the Robert W Ulm	you	claım A	Attach copy	of statement	
Living Trust dated 4/11/05		ng particu			
Name and address where notices should be sent				ever received an ptcy court in the	
Robert W Ulm -Trustee 414 Morning Glory Road	case		uic valikiu	pto y court in the	
St Marys GA 31558	l			differs from the sent to you by	e -
Telephone number 912-673-6020	4	court.	e envelope	sem to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here	V replace	5	1157 106
identifies debtor 3748	ıf th	is claim	amend	a previously	filed claim dated 11 07 06
1 Basis for Claim		Re	etiree bene	fits as defined i	n U S C §
Goods sold			ages salar	tes and compe tits of your SS	nsation (fill out below)
Services performed Money loaned			-		ervices performed
Personal injury/wrongful death			om	•	to
Taxes Other See Exhibit A		***	JIII	(date)	(date)
	3	T.C			
2. Date debt was incurred 02/02/04	3	II COU	rt Judgme	nt, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes t	hat best des	cribe vou	r claum and	i state the amou	int of the claim at the time case filed
See reverse side for important explanations			ed Claim		
Unsecured Nonpriority Claim \$ 688,165		1	Chaak thic	hav of varie alar	m to control by colleteral (well-dis-
Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ur claim, or	a right	of setoff)	oox ii youi cian	n is secured by collateral (including
only part of your claim is entitled to priority	noik oi]	Brief Desci	ription of Collai	eral
Unsecured Priority Claim		Į.		`	or Vehicle Other
Check this box if you have an unsecured claim all or part of	which is	7	Value of C	ollateral \$	Jnknown
entitled to priority					harges at time case filed included in
Amount entitled to priority \$		secure	d claim if	any \$ 12,44	17
Specify the priority of the claim	П	Up to \$2	225* of d	eposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A)	_	or service § 507(a)	es for pers	onal family or	household use - 11 U S C
(a)(1)(B)				wad to govern	nental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned with	··· 100				ph of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	otors				4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC \ 5070		with resp	ect to case	s commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	688,1	65 6	88,165	688,165
Check this box it claim includes interest or other shares in a	س ت. د باد ده د د دادادا	(unsecun	rd)	(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges	kuluon to the	рппстра	u amount o	of the claim At	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	n credited a	nd deduc	ted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting documents					
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contributed.	<i>rents</i> such a	is promis	sory notes	purchase	
agreements and evidence of perfection of lien DO NOT SEN	VD ORIGIN	AL DO	CUMENT:	S If the	LER IAN 11 200/
documents are not available, explain. If the documents are voluminous, attach a summary					
8 Date-Stamped Copy To receive an acknowledgment of the fi	iling of you	claim e	nclose a st	amped, self-	
Date Sign and print the name and title if any, of	the grades -	or other	DORGO	hows 4 t	
file this claim (attach copy of power of atto	orney if any	or other)	person aut	norized to	
01/08/06	\mathcal{N}				USA CMC
I (MM. W)	m/1	<i>luste</i>	e		1072502088

TOTAL BIO (GRIGIET OFFI TO) (TO/OS)		
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent Robert W Ulm -Beneficiary 414 Morning Glory Road	Check box if you have never received an notices from the bankruptcy court in this case Check box if the address differs from the	S
St Marys GA 31558 Telephone number 912-673-6020	address on the envelope sent to you by the court.	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748	Check here if this claim	filed claim dated 11/06/06
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death	Retiree benefits as defined in Wages salaries, and comper Last four digits of your SS # Unpaid compensation for se	nsation (fill out below)
Taxes Other See Exhibit A	(date)	(date)
2 Date debt was incurred 11/21/03	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 25,000 10.7.7.53 ✓ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Moto Value of Collateral \$ \(\text{L} \) Amount of arrearage and other chescured claim, if any \$ \(\text{9,862} \) Up to \$2 225* of deposits toward por services for personal family or \$ \(\text{507(a)(7)} \) Taxes or penalties owed to government of \$ \(\text{Mounts are subject to adjustment on a with respect to cases commenced on } \(\text{100} \) \$ 707,753 707,753	eral or Vehicle Other—— Jinknown arges at time case filed included in burchase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)() All/107 and every 3 years thereafter in or after the date of adjustment 707,753 (Trighty) (Trighty)
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volumed to be supported to the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the support of the support	ents, such as promissory notes purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous attach a summary ang of your claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY FILED JAN 17 2007
01/08/06 file this claim that copy of power of attorn	ney, if any)	USA CMC

The state of the s			·	
somming and make a special and the special sections.	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	mber	-	
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725~LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to	0	
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Sail + /Lene Roisentul Trustees		Check box if you have		
Rosental Family TRUST		never received any notices from the benkruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
74075 KOKOPELLI CIVELE PALM DESERT CA 92211-20	. 7	Check box if this address differs from the address on the	e If you have ain	eady filed a proof of claim with the
Creditor Telephone Number (-20 776-9/20	, , ,	envelope sent to you by the court.		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	ebtor	if this claim	aces or a previously	filed claim dated
1 BASIS FOR CLAIM	Petiree h	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation		Other claims against servicer
Services performed Taxes	-	digits of your SS #	(IIII OUT DEIOH)	(not for loan balances)
Money loaned Other (describe bnefly) See Exhibit A	Unpaid c	ompensation for services p	erformed from	to
	12 15 00	OUDT IUDOMENT DATE	OPTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 2-16-2002 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE be your claim and state the am		he time case filed
Can assume side for smoothest contractions		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 420 26 8 Check this box if a) there is no collateral or lien securing your claim or b)	sour alasm		your claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description o		
Check this box if you have an unsecured claim all or part of which is		Real Estate	_	
entitled to priority Amount entitled to priority \$		Value of Collatera Amount of arrearage a	and other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	WIDEN	<u> </u>
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days		Up to \$2,225 of deposits tov services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to g	overnmental units	11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable pa		· · · · · — ·
		Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 420,268.16 \$	420,2	68,16\$		\$ 420,268.16
(unsecured)		ecured)	(prionty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach it	emized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments mortgages security a	<i>ments,</i> su greement	ch as promissory notes pu and evidence of perfection	rchase orders inv n of lien DO NO	oices itemized statements of
DOCUMENTS If the documents are not available explain. If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the			•	envelope and copy of this
proof of claim The original of this completed proof of claim form must be sent	hy mail a	r hand delivered (EAYES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 6 00 pm, for each person or entity (including individuals, partnerships, c	prevailin	g Pacific time, on Novemi	ber 13 2006	USE ONLY
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY T	o	2007
Attn USACM Claims Docketing Center P O Box 911	1330 East	ČM Claims Docketing Cent t Franklin Avenue	ter F	ILED JAN 1 2 2007
DATE SIGN and print the page and title if any of the		to CA 90245 other person authorized to file	1	
this claim (disect sep) of powerfood attorn	ey if any	SAULT SLONE T	aisentul, T	r
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonmen	at for up to	Cene Roccentre	\$ 152 AND 3571	USA CMC
	• • • • •	33		1072502281

Case 06-10725-gwz Doc 9076	<u>-3 Er</u>	ntered 09/15/11 16:	:13:27 Pa	ge 8 of 11
UNITED STATES BANKRUPTČY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim II	•
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classifica	ition
3.3			\$12 951 80 Unsec	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address SIERRA WEST INC PO BOX 8346 INCLINE VILLAGE NV 89452 8346	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	scheduled by the E you agree with the other claim against this proof of claim I If the amounts sh Unliquidated or D filled	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no tithe Debtor you do not need to file EXCEPT as stated below sown above are listed as Contingent disputed, a proof of claim must be eady filed a proof of claim with the
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number () 775 831.8346 Last four digits of account or other number by which creditor identifies	debtor		<u> </u>	E IS FOR COURT USE ONLY
Last roun digits of account of other number by which creditor identifies	depio	Check here	. a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	-	salaries and compensation of digits of your SS #	(fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	erformed from	to
INTERES / FRAID	lo un o	OUDT MIDOMENT DATE	DEADLED	(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 31 263 Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you	our claim r claim is	Check this box if you a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority Amount entitled to priority \$		Value of Collateral	· —	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 394,350	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10,000) earned within 180 days		Up to \$2 225 of deposits towa services for personal family o		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	٠,	- \ / \ /
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 31263 \$	394,	320.32 \$		\$ 425,583.32
(unsecured)	•	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree? 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages security and DOCUMENTS If the documents are not available explain. If the compared of the proof of claim.	<i>uments,</i> su agreemen documents	ich as promissory notes pur ts and evidence of perfection are voluminous attach a su	chase orders inv n of lien DO NO immary	voices itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, agovernmental units)	ı, prevailii	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BMC Grou Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO up .CM Claims Docketing Cente t Franklin Avenue do CA 90245	EN B	D NOV 0 6 2006
DATE , / SIGN and print the name and title if any of the	creditor or		l	USA CMC
this claim (attach copy of power of attorning SIERRA WIEST INC BY		Jollan Or		1072501036

111		
United States Bankrupicy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	TROOF OF CLARVI
NOTE This form should not be used to make a claim for an adm of the case. A request for payment of an administrative expense	ministrative expense arising after the commencement may be filed pursuant to 11 USC § 503	ıt
Name of Creditor (The person or other entity to whom the dchtor owcs moncy or property) Alan R Simmons & Judith B Simmons husban & wife as joint tenants with right of survivorship	giving particulars	
Name and address where notices should be sent ALAN R SIMMONS & JUDITH B SIMMONS PO BOX 13296 SOUTH LAKE TAHOE CA 96151-3296	Check box if you have never received an notices from the bankruptcy court in the case Check box if the address differs from the	is
Telephone number Last four digits of account or other number by which creditor	address on the envelope sent to you by the court Check here replaces	THIS SEACE IS FOR COURT USE ONLY
identifies debtor		filed claim dated
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined i Wages salaries and compete Last four digits of your SS i Unpaid compensation for se	nsation (fill out below) # ervices performed _ to
Other See Exhibit A 2 Date debt was incurred Barrier and Barrier	(date)	(date)
December 2002	3 If court judgment, date obtain	
4 Classification of Claim Check the appropriate box or boxes Sec reverse side for important explanations Unsecured Nonpriority Claim \$ 593,144 11 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if conly part of your claim is entitled to priority	our claim or Check this box if your claim a right of setoff)	n is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority	Real Estate Moto Value of Collateral \$_U	r Vehicle Other————
Amount entitled to priority \$	Amount of arrearage and other che secured claim if any \$ 9291	arges <u>at time case filed</u> included in
Specify the priority of the claim Domestic support obligations under 11 U S C \ 507(a)(1)(A)	Up to \$2 225* of deposits toward p or services for personal family or l \$ 507(a)(7)	urchase lease or rental of property nousehold use - 11 U S C
Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 U S C \$507(a)(4)	Taxes or penalties owed to government 180 Other Specify applicable paragraphins *Amounts are subject to adjustment on 4	h of 11 USC § 507(a)()
Contributions to an employee benefit plan 11 USC § 5076		or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ac interest or additional charges	\$ 593,144 11 593,144 11 (unsecured) (secured) ddition to the principal amount of the claim Atta	593,144 11 (priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has bee making this proof of claim	en credited and deducted for the purpose of	THIS STACE IS FOR COURT USE ONLY
 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SET documents are not available explain. If the documents are voluments are voluments are not available explain. If the documents are voluments are voluments are voluments. 8 Date Stamped Copy To receive an acknowledgment of the fraddressed envelope and copy of this proof of claim. 	racts court judgments mortgages security ND ORIGINAL DOCUMENTS If the uminous attach a summary	JAN 12 2007
Date Sign and print the name and title if any of	the creditor or other person such as I	
01/11/07 file this claim (attach copy of power of atto	orney if any)	USA CMC

Case 06-10775-9W725-PIGC 9676173 15-701-9red-198/15/1/1/2/6:13:273gePage 0.0 of 11 FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dis	TRICT (OF Nevada		DOOGE OF CLAIM
Name of Debtor USA Commercial Mortgage Company			06-10725-LBI	R	PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property): David A. Souza & Elizabeth M. Souza, husband and wife, as joint tenants with right of survivorship. Name and address where notices should be sent: David A. Souza 542 Socorro Court Reno, NV 89511	else i your givin Checonotic case.	has filed r claim. A ng particu ck box if ces from ck box if	you are aware the a proof of claim Attach copy of stutars. you have never nother bankruptcy of the address differ the envelope sent to the action of the ac	relating to atement received any court in this	
Telephone number: 775.852.8995 Last four digits of account or other number by which creditor identifies debtor:	the c	court, ck here is claim	√ replaces		This Space is for Court Use Only
1. Resis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		☐ Re	etiree benefits as	defined in 1 nd compensat your SS #: _ tion for servi	I U.S.C. § 1114(a) tion (fill out below)
2. Date debt was incurred: May 2004	3.	If cou	rt judgment, da	te obtained:	
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 515,827.21 Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of we entitled to priority. Amount entitled to priority \$	which is	Amou secure Up to \$2 or service	Brief Description Real Estate Value of Collater ant of arrearage and claim, if any: 2,225* of deposit ces for personal,	m of Collateral Motor V ral: \$ unk and other charg \$ 7,730.96	Vehicle Other————————————————————————————————————
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a) Total Amount of Claim at Time Case Filed;	in 180 tor's *Am a)(5).	Other - S	penalties owed to Specify applicable to subject to adju- pect to cases com-	le paragraph of street on 4/1. street on of street on of the street on of	of 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). for and every 3 years thereafter after the date of adjustment. 515,827.21
Check this box if claim includes interest or other charges in add interest or additional charges.		(uneccus	ed) (secu	red) (p	riority) (Total)
6. Credits: The amount of all payments on this claim has been making this proof of claim. 7. Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volus 8. Date-Stamped Copy: To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the fill this claim (attach copy of power of attorning the copy of power of att	ments, such a acts, court j VD ORIGIN aminous, attra iling of your the creditor orney, if any	as promis judgment NAL DO ach a sur ir claim, e or other	ssory notes, puro ts, mortgages, se CUMENTS. If t mmary. enclose a stampe	chase ocurity the od, self-	THIS SPACE IS FOR COURT USE ONLY

	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA COMMERCIAL	06-	10725- LBR		
MORTGAGE COMPANY NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address WILLIAM M SPANGLER		your claim Attach copy of statement giving particulars		
JEAN A. SPANGLER		Check box if you have never received any notices from the bankruptcy court or	DO NOT EN E THIS	PROOF OF CLAIM FOR A
711 GORDON AVENUE		BMC Group in this case		ST IN A BORROWER THAT IS NOT
RENO, NV 89509		Check box if this address differs from the address on the envelope sent to you by the	If you have alread Bankruptcy Court or	dy filed a proof of claim with the BMC you do not need to file again
Creditor Telephone Number (775 - 324-542) Last four digits of account or other number by which creditor identifies	debtor	court		IS FOR COURT USE ONLY
1	7/	Check here replace or if this claim amen	a previously file	led claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (i	fill out below)	Other claims against servicer (not for loan balances)
Money loaned		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 12/02 thru 3/06	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 12/02 thru 3/06 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)) your claim	, , , , , , , , , , , , , , , , , , ,	our claim is secured	d by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ Unknow	n at this time
Amount entitled to priority \$		Amount of arrearage ar secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225 of deposits toward	ard purchase lease of	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	s C	services for personal family of Taxes or penalties owed to go	or household use 11	USC § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Ē	Other Specify applicable par		
		Amounts are subject to adjust with respect to cases commen		
AT TIME CASE FILED	147,	895.00\$		\$ 147,895.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	secured) amount of the claim Attach ite	(priority) mized statement of a	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security	<i>uments,</i> so agreement	uch as promissory notes pure is and evidence of perfection	chase orders invol n of lien DO NOT	ces itemized statements of
DOCUMENTS If the documents are not available explain If the second acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	BY HAND	OR OVERNIGHT DELIVERY TO	,	•
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro		F	FILED NOV 1 3 2006
P O Box 911		t Franklin Avenue		
El Segundo CA 90245 0911		do CA 90245	1	USA CMC